Continuing Education the department provides opportunities for health practitioners of the area to enhance their knowledge and skills.

It is felt that better organization of providers can result in better care for the consumer. For this reason the department also provides assistance to groups of physicians seeking to organize themselves for more efficient service.

The department is especially interested in the evaluation of ambulatory care. One division participates in the evaluation of neighborhood health centers for the Office of Economic Opportunity. The department also participates, upon request, in the evaluation of ambulatory services within the hospital service area.

The department is also concerned with health services research and is conducting a study to determine which of the tasks now performed by physicians could be appropriately delegated to other categories of health personnel. This kind of research is also intended to influence the education of various types of health workers and the career opportunities especially in the field of allied health.

The health problems of our community cannot be solved by a narrow focus on health. Recognizing this, we have chosen as our primary goal working with the community to improve both health and welfare. Consistent with this goal we have at times taken unorthodox approaches for a department of community medicine. An example of this is our involvement in the development of a community buyers' club for the economical purchase of food.

Many of the service or research activities of the department can provide learning experiences for physicians interested in becoming specialists in community medicine and the department expects to start its residency program next July.

Financially, the department is supported by funds from several sources, including Los Angeles County, and special programs of the Federal Government including the Regional Medical Programs, the Bureau of Health Manpower, the Office of Economic Opportunity and others. The greatest support, however, comes from the local community, for the department defines community medicine as the department and the community working together to solve the health problems of this community.

Refer to: Winkelstein W Jr: A view of community medicine from UC School of Public Health, Berkeley, *In* Community Medicine in California—A Symposium. Calif Med 118: 81-82, Apr 1973

A View of Community Medicine from UC School of Public Health, Berkeley

WARREN WINKELSTEIN, JR., MD, MPH

DURING THE LAST FEW YEARS, the health and disease care fields have been increasingly burdened with semantic confusion. I would like to support this statement with three examples. First, antonyms have been converted to synonyms, the most glaring example being the use of the word "health" as a synonym for "disease," as in the phrase "health care." Second, acronyms have proliferated to the point that the identity of the source is obscured or forgotten. For example *HSMHA* (pronounced, his-ma-ha) for Health Services and Mental Health Administration—an agency which, incidentally, is more concerned with disease than health. Third, traditional institutions or activities have been renamed to make them appear new or, perhaps, to improve their public image. This has been done in the case of "family practice," a new name for an old activity, namely, general practice. Too little attention has been given to the consequences of such linguistic aberrations.[1,2]

In my opinion, community medicine is another example of renaming an established activity in order to improve an image and, perhaps, overcome biases in organized medicine that might obstruct its development. Community medicine is the organization and delivery of medical care to the population, which has been a recognized concern and part of the field of public health for a long time. Community medicine should not be confused with the terms *community health* and *public health* which are the more global terms appropriate to describe the entire spectrum of health and disease effects and concerns.

While the roots of concern and involvement of the public health movement in the organization and delivery of medical care to the population can be traced back to the nineteenth century, the cur-

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rent activity is a direct outcome of the monumental work of the Committee on the Costs of Medical Care. This group, working over a period of six years, from 1927 to 1933, produced 28 volumes which contain the justification and prescription for such activities as group practice, health maintenance organizations, quality control of medical practice, regulation of hospitals and nursing homes, provision of preventive medical services, improved medical, nursing, and auxiliary training, group payment, and indeed a total national health (medical care) service.[3] It is not surprising that the committee, its reports, and many of the proposals arising from them, were anathema to much of organized medicine. Fortunately, time has allowed a more objective view to be taken of these matters and, while some of the issues remain volatile, there is general agreement that the organization and delivery of medical care on a community or social base are legitimate concerns of the medical as well as the public health establishment.

Earlier I asserted that a distinction should be made between community or public health on the one hand and community medicine on the other. This position is based on a model of the relationship between health and disease and their care-systems which is illustrated in Chart 1. Health and disease are viewed as a continuum with "optimum" health at one end and death at the other. The intermediate points on the spectrum are altered health states, preclinical, and clinical disease. There are a variety of inputs into this system which influence each individual's position in it. It seems obvious that only some of these inputs are medical. In fact, a strong case can be made that the most influential inputs are not medical but rather genetic, environmental, social, behavioral and economic.[2,3] Some of these inputs are planned and purposefully applied and some are completely uncontrolled by the individual. In my view the total pattern of interaction—purposeful, and uncontrolled, medical and non-medical—should be the perspective of community or public health, while only those activities which are purposeful and clinical should be considered medical care and their organization and delivery be called community medicine.

Thus, community medicine involves planning, organizing, financing, and administering an organized system of medical care to a defined population. The scope of activity should include preventive, curative, and rehabilitative medicine. It should include provisions for quality control and evaluation of coverage. It should also include provision for the necessary facilties to provide this broad spectrum of clinical services. Finally, to be optimally effective a community medicine program should be integrated into a comprehensive public health activity which addresses all of the factors—social, behavioral, cultural, environmental, and economic—which influence and determine the health of the population and its burden of disease.

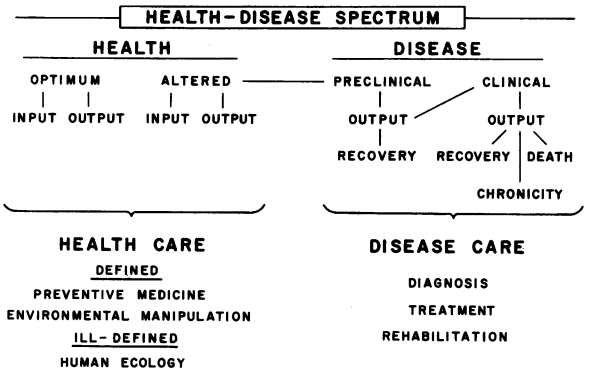

Chart 1.—A model illustrating the relationship of health and disease and their care systems.

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COMMUNITY MEDICINE has recently become one of the most rapidly growing aspects of medical education in the United States, suddenly appealing to a large number of medical students and faculty.

It may be defined as a movement in medicine

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